

# University of Minnesota

## Research Controlled Substance Disposition Record

Drug Name: \_\_\_\_\_

Concentration/Strength: \_\_\_\_\_

Type (liquid, tablets, patch, etc): \_\_\_\_\_

Amount/Container (# tablets or mls/bottle): \_\_\_\_\_

Date	Quantity Received	Received From	Lab Ref #	Expiration Date	Quantity Used	Calculated Quantity in Open Bottle	Unopened Containers	Use Information or Comments	Initials

Unit Registrant: \_\_\_\_\_

Location Registrant: \_\_\_\_\_

Location: \_\_\_\_\_

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